

<i>SERFF Tracking Number:</i>	<i>WESA-125494382</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#2004 \$50</i>
<i>Company Tracking Number:</i>	<i>NP-SSO-08-03</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Non-Profit Social Service Package Filing</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03</i>		

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Social Service SERFF Tr Num: WESA-125494382 State: Arkansas

Package Filing

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #2004 \$50

Made/Occurrence

Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: NP-SSO-08-03 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Westmont Associates Disposition Date: 03/12/2008

Date Submitted: 02/19/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Program Reauthorization Act Endorsement Status of Filing in Domicile: Pending

Project Number: NP-SSO-08-03 Domicile Status Comments: Pending in Pennsylvania.

Reference Organization: None

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 03/12/2008

State Status Changed: 03/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of revised terrorism forms for the Company's Non-Profit Social Service Package product.

SERFF Tracking Number: WESA-125494382 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50

Company Tracking Number: NP-SSO-08-03

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Package Filing

Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst megghans@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 filing fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	02/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
2004	\$50.00	02/19/2008

SERFF Tracking Number: WESA-125494382 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50
 Company Tracking Number: NP-SSO-08-03
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Non-Profit Social Service Package Filing
 Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Form	Westmont Associates	02/29/2008	02/29/2008
Forms Listing	Supporting Document	Westmont Associates	02/29/2008	02/29/2008

SERFF Tracking Number: *WESA-125494382* *State:* *Arkansas*
Filing Company: *United States Liability Insurance Company* *State Tracking Number:* *#2004 \$50*
Company Tracking Number: *NP-SSO-08-03*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*
Product Name: *Non-Profit Social Service Package Filing*
Project Name/Number: *Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03*

Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125494382 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50

Company Tracking Number: NP-SSO-08-03

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Package Filing

Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Expedited Transmittal Form	Approved	Yes
Supporting Document (revised)	Forms Listing	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Extension of Terrorism Coverage	Approved	Yes
Form	Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form (revised)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	Exclusion of War, Military Action and Terrorism	Approved	Yes

SERFF Tracking Number: WESA-125494382 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50

Company Tracking Number: NP-SSO-08-03

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Package Filing

Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Amendment Letter

Amendment Date:

Submitted Date: 02/29/2008

Comments:

Our apologies - we attached the wrong endorsement. Attached is form BP-104. This should have been filed instead of BP-102.

Best regards,

Wes

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
EXCLUSIONBP 104 OF CERTIFIED ACTS OF TERRORISM	BP 104 (1/08)	01 08	Endorsement/Amendment/Conditions	Replaced	BP0532 (11/02); BP0541 (11/02)		0	BP 104 _01-08_.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Forms Listing

Comment: Attached is the Forms Listing.

Form Listing - BP 104.pdf

SERFF Tracking Number: WESA-125494382 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50

Company Tracking Number: NP-SSO-08-03

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Non-Profit Social Service Package Filing

Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extension of Terrorism Coverage	L 541 (01/2008)	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP0521 (11/02) Previous Filing #:		L 541 _01-08_.pdf
Approved	Disclosure Notice of Terrorism Insurance Coverage	TRIADN (1/08)	01 08	Disclosure/ Notice	Replaced Form #:0.00 TRIADN (1/06) Previous Filing #:		TRIADN _01-08_.pdf
Approved	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	BP 104 (1/08)	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP0532 (11/02); BP0541 (11/02) Previous Filing #:		BP 104 _01-08_.pdf

UNITED STATES LIABILITY INSURANCE GROUP WAYNE, PENNSYLVANIA

This endorsement modifies the following:

BP 101 Exclusion of Certified Acts of Terrorism (Coverage for Certain Fire Losses); BP 102 Exclusion of War, Military Action and Terrorism; BP 103 Exclusion of War, Military Action and Terrorism (Coverage for Certain Fire Losses); BP 104 Exclusion of Certified Acts of Terrorism; CG2173 Exclusion of Certified Acts of Terrorism ; L 526 Absolute War or Terrorism Exclusion; P 246 Exclusion of War, Military Action and Terrorism ; P 247 Exclusion of Certified Acts of Terrorism; P 248 Exclusion of Certified Acts of Terrorism (Coverage for Certain Fire Losses); P 249 Exclusion of War, Military Action and Terrorism (Coverage for Certain Fire Losses)

EXTENSION OF TERRORISM COVERAGE

For the additional premium specified in this Policy, it is hereby agreed that the Exclusion referenced above and attached to this Policy is amended as follows:

The referenced Exclusion shall not apply to loss or damage caused directly or indirectly by certified acts of terrorism under the provisions of the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 ("The Act") and any amendments thereto. The referenced Exclusion also does not apply when "certified acts of terrorism" as defined result in insured losses of \$5 million or less in the aggregate. This Extension of Terrorism Coverage extends coverage under this Policy only to "insured losses" (as defined in The Act) and is subject to the application of any clause in The Act which results in a cap on liability for payments for terrorism losses.

This Extension does not provide coverage for damages arising, directly or indirectly, out of certified acts of terrorism as defined in The Act that are awarded as punitive damages.

The terms and conditions of the referenced Exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this policy, including but not limited to losses excluded by one or more of the above referenced exclusions.

Coverage provided by this Policy for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. Under The Act, the maximum amount that insurers and the federal government are required to pay in respect of terrorism loss(es) in any given Program Year is \$100 billion. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under The Act.

The federal government may participate in paying for some of the losses from a "certified act of terrorism". However, if aggregate insured losses attributable to terrorist acts certified under The Act exceed \$100 billion in a Program Year, the federal government shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, if aggregate insured losses attributable to terrorist acts certified under The Act exceed \$100 billion in a Program Year and we have met our insurer deductible under The Act, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism. When the amount of such losses for all insurers exceeds \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

UNITED STATES LIABILITY INSURANCE GROUP WAYNE, PENNSYLVANIA

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

- A. The following provisions are added to the Businessowners Policy and apply to Property and Liability Coverages:

The following definition is added with respect to the provisions of this endorsement:

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"). The criteria contained in the Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

- B. The following provisions are added to Businessowners Standard Property Coverage Form **BP 00 01**, Businessowners Special Property Coverage Form **BP 00 02** or **Section I – Property** of Businessowners Coverage Form **BP 00 03**:

1. The following exclusion is added:

CERTIFIED ACT OF TERRORISM EXCLUSION

We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

2. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Form or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion

- C. The following provision is added to the Businessowners Liability Coverage Form **BP 00 06** and **Section II – Liability** of the Businessowners Coverage Form **BP 00 03**:

1. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism".

2. The following definition is added:

For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Form to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage" or "personal and advertising injury" as may be defined in any applicable Coverage Form.

Rate Information

Created by SERFF on 03/12/2008 11:11 AM

SERFF Tracking Number: WESA-125494382 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #2004 \$50
Company Tracking Number: NP-SSO-08-03
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Non-Profit Social Service Package Filing
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/12/2008

Comments:

Attached is the NAIC Transmittal Form.

Attachment:

AR NAIC.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/12/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Expedited Transmittal Form **Review Status:** Approved 03/12/2008

Comments:

Attached is the Expedited Transmittal Form.

Attachment:

USLI - Expedited Transmittal Template.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 03/12/2008

Comments:

Attached is the Forms Listing.

Attachment:

Form Listing - BP 104.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/12/2008

Property & Casualty Transmittal Document (Revised 1/1/06)

AR

1. Reserved for Insurance Dept. Use Only**2. Insurance Department Use Only**

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Berkshire Hathaway, Inc.			Group NAIC #	0031
4. Company Name(s)	Domicile	NAIC #	FEIN #		
United States Liability Insurance Company	PA	25895	23-1383313		

5. Company Tracking Number	NP-SSO-08-03
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Meghan Slenkamp	Analyst, Westmont Associates, Inc.	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com
25 Chestnut Street, Suite 105, Haddonfield, NJ 08033				
7. Signature of authorized filer	<i>Meghan Slenkamp</i>			
8. Please print name of authorized filer	Meghan Slenkamp			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI),	Please select from the drop down list. 17.0 - Other Liability		
10. Sub-Type of Insurance (Sub-TOI)	17.0019 - Professional Errors & Omissions Liability		
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a		
12. Company Program Title (marketing title)	Terrorism Risk Insurance Program Reauthorization Act Endorsement		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____		
14. Effective Date(s) Requested	New	Upon earliest approval	Renewal: Upon earliest approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)	n/a		
17. Reference Organization # & Title	n/a		
18. Company's Date of Filing	2/19/08		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	NP-SSO-08-03
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of revised terrorism forms for the Company's Non-Profit Social Service Package product.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]			
	<table border="1"> <tr> <td>Check #:</td> <td>2004</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> </table>	Check #:	2004	Amount:
Check #:	2004			
Amount:	\$50.00			

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	NP-SSO-08-03			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Extension of Terrorism Coverage	L 541 (01/2008)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP0521 (11/02)	
02	Disclosure Notice of Terrorism Insurance Coverage	TRIADN (1/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	TRIADN (1/06)	
03	Exclusion of War, Military Action and Terrorism	BP 102 (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP0532 (11/02); BP0541 (11/02)	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
21			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
31			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
32			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
33			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
34			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
35			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
36			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
37			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
38			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
39			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
40			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
41			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
42			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
43			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
44			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
45			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
46			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
47			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
48			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
49			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
50			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CL-CUP-07-06
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
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☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

3.	Filing Method Prior Approval, File & Use, Flex Band, etc.	Use and File
-----------	---	--------------

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
US Liability	0	0	0	0		

4b.	Rate Change by Company (As Accepted)	For State Use Only
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	0	
5b.	Effect of Rate Filing - Written premium change for this program	0	
5c.	Effect of Rate Filing - Number of policyholders affected	0	

6.	Overall percentage of last rate revision	n/a
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7.	Effective Date of last rate revision	n/a
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Commercial Umbrella Liability Rating Plan	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Company Filing #: CL-CUP-05-02 (approved 12/5/05)
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title:

**UNITED STATES LIABILITY INSURANCE COMPANY
NON-PROFIT SOCIAL SERVICE PACKAGE PRODUCT FILING
FORMS LISTING**

L 541 (01/2008)	Extension of Terrorism Coverage
TRIADN (1/08)	Disclosure Notice of Terrorism Insurance Coverage
BP 104 (01/08)	Exclusion of Certified Acts of Terrorism



WESTMONT ASSOCIATES, INC.

February 19, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895**
Non-Profit Social Service Package Filing
Terrorism Risk Insurance Program Reauthorization Act Endorsement
EXPEDITED FILING
Company Filing Number: NP-SSO-08-03
Effective Date: Upon earliest possible approval

To Whom It May Concern:

Enclosed you will find the Company's Non-Profit Social Service Package terrorism forms revision submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company has revised their terrorism endorsements for its Non-Profit Social Service Package product in response to the 2007 extension of the Terrorism Risk Insurance Act (TRIA). The endorsements have been attached for your review and approval. Please also note that the Company has included its revised Disclosure Notice of Terrorism Insurance Coverage for your information as well. Please refer to the attached forms index which indicates which forms are being replaced by the enclosed new forms.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgement.

Respectfully Submitted,
Meghan Slenkamp
Meghan Slenkamp
Analyst
meghans@westmontlaw.com

Enclosures

Cc: M. Miller - USLI

SERFF Tracking Number: WESA-125494382 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #2004 \$50
Company Tracking Number: NP-SSO-08-03
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability
Product Name: Non-Profit Social Service Package Filing
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act Endorsement/NP-SSO-08-03

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Exclusion of War, Military Action and Terrorism	02/19/2008	BP 102 _01-08_.pdf
No original date	Supporting Document	Forms Listing	02/19/2008	Form Listing - BP 102.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

EXCLUSION OF WAR, MILITARY ACTION AND TERRORISM

A. SECTION I PROPERTY; B. Exclusions; 1. f. War and Military Action is deleted in its entirety and is replaced by the following:

f. War and Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

With respect to any action that comes within the terms of this exclusion and involves nuclear reaction or radiation, or radioactive contamination, this War And Military Action Exclusion supersedes the Nuclear Hazard Exclusion.

B. SECTION I PROPERTY; B. Exclusions; 1. item t. is added:

t. Terrorism

“Terrorism” including any action taken in hindering or defending against an actual or expected incident of “terrorism” regardless of any other cause or event that contributes concurrently.

But with respect to any such activity that also comes within the terms of the War and Military Action Exclusion, that exclusion supersedes this “Terrorism” Exclusion.

In the event of an act of “terrorism” that involves nuclear reaction or radiation, or radioactive contamination, this “Terrorism” Exclusion supersedes the Nuclear Hazard Exclusion.

A. SECTION II – LIABILITY; B. Exclusions; 1. Applicable To Business Liability Coverage; i. War and SECTION II – LIABILITY; B. Exclusions; 2. Applicable To Medical Expenses Coverage; h. is deleted in its entirety and replaced by the following:

i. War or Terrorism

“Bodily injury”, “property damage”, “personal and advertising injury” arising, directly or indirectly out of:

- (1) War, including undeclared or civil war; or
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents;
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
- (4) “Terrorism”, including any action taken in hindering or defending against an actual or expected incident of “terrorism” regardless of any other cause or event that contributes concurrently.

The following definition is added with respect to the provisions of this endorsement:

Terrorism means activities against persons, organizations or property of any nature:

- (1) That involve the following or preparation for the following:
 - (a) Use or threat of force or violence; or
 - (b) Commission or threat of a dangerous act; or
 - (c) Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
- (2.) When one or both of the following applies:
 - (a) The effect is to intimidate or coerce a government, or to cause chaos among the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - (b) It is reasonable to believe that the intent is to intimidate or coerce a government, or to seek revenge or retaliate, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE COMPANY
NON-PROFIT SOCIAL SERVICE PACKAGE PRODUCT FILING
FORMS LISTING**

L 541 (01/2008)	Extension of Terrorism Coverage
TRIADN (1/08)	Disclosure Notice of Terrorism Insurance Coverage
BP 102 (01/08)	Exclusion of War, Military Action and Terrorism